

A Study Of Academic Achievement And Problems Of Autistic Children As Perceived By Their Parents

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Abstract: *IQ do not affect the Academic Achievement of the autistic children. SES affects the IQ of the Autistic children, SES and gender has nothing to do with IQ.*

I. INTRODUCTION

“A pervasive developmental disorder characterized by severe deficits in social interaction and communication, by extremely limited range of activities and interest, and often by the presence of repetitive, stereotyped behaviors” is called autism.

Fifteen years ago the incidence of autism was 1 in 5000, compared to today's ratio of 1 in 1500. Raising of child with autism is one of the hardest things a parent will ever have to deal with. Research indicates that parents of children with autism experience greater stress than parents of children with learning disabilities. More parents of raising children with a diagnosis of autism their families often find themselves dealing with financial and social challenges as well. Daily care routine, economic problems receiving appropriate help and education are the basic hardship of the parents of autistic child. It is an overwhelming challenge physically and emotionally adding anxiety on the parents of the child. Responsibility of upbringing developmental and behavioral problem of such child falls largely on the entire family. Most of the time parents don't come forward with their problems may be due to lack of education, or due to society or may be economic reasons, but because of this many of them do not get even basic and fundamental tips. Thus additional stress can be significant, taking its toll to the whole family and may even contribute to the high divorce rate in the society. Although there is nothing that we can do to change the origin of the problem, but there are strategies which parents can do to reduce the level of abnormal behavior and increase the child's ability to cope. While an ASD diagnosis can alter parents' dreams for their children, they should be optimistic.

II. NEED OF THE STUDY

Autism is childhood disorder bring in early childhood which affects the child in:

- ✓ Communication skills
- ✓ Social interactions
- ✓ Repetitive
- ✓ Stereotyped pattern of behavior
- ✓ Learning difficulties
- ✓ Perceptual difficulties
- ✓ Sensory difficulties
- ✓ Behavior difficulties.

Area of concern is:

- ✓ The myths
- ✓ The acceptance of the society
- ✓ The misconceptions
- ✓ Anxiety of parents
- ✓ Pressure of family members
- ✓ Peer groups

Causes of autism are unknown but genetics may play a role.

The treatment may include:

- ✓ Special education classes
- ✓ Behavior modifications
- ✓ Speech therapy
- ✓ Occupational therapy
- ✓ Counseling of parents
- ✓ Some time some medications.

Much has been learned about ADS in the last 15 years and research into causes and interventions continues to grow. It is extremely helpful to work with a team comprising a

physician, psychologist, social workers and speech pathologist as well as the parents and teachers of the child.

Keeping in view the above stated problems of parents, the investigator decided to conduct a study to find out the academic achievement of autistic children and also to study the problems perceived by parents. The problem of the study can be stated as follows:

"A study of academic achievement and problems of autistic children as perceived by their parents"

Before going into the details of methodology adopted for the study it is better to understand various concepts as envisaged in this study.

III. THEORETICAL BACKGROUND

Autistic children have individual personalities and temperament just as do those who develop along normal line. It is essential that the diagnosis is made systematically, employing diagnostic criteria that are well defined and widely recognized, and have been field tested objectively. A comprehensive assessment of the child's development and behavior is required, coexisting conditions such as mental retardation, epilepsy, or sensory impairment must be recognized or excluded and conditions which mimic the autistic spectrum must be ruled out, in some cases medical investigations are required.

Autism may be suspected because of any of a wide range of behaviors often found in autistic children (including hand-twirling, toe walking, hypersensitivity to sound or other sensory input or repeating what has just been heard). It is important to make the diagnosis only in the presence of the core symptoms.

IV. CHARACTERISTICS OF ASD

- ✓ **QUALITATIVE IMPAIRMENT IN SOCIAL RELATIONSHIP:** Autistic children have limited or non-existent interest in, our desire to socialize with other. Other groups of children, such as those with attention disorder, may have extremely poor social skills, but there is no lack of desire to relate to others. The autistic child is described as socially 'aloof', will often ignore other people and may seem unable to distinguish between people and objects.
- ✓ **ABNORMAL DEVELOPMENT OF LANGUAGE AND IMAGINATION:** language has both non-verbal and spoken component; both being impaired in the Autistic Spectrum Disorders, Impaired non-verbal communication skills are manifest as poor interpersonal synchrony, poor eye contact, an 'empty' gaze or even a discomforting, piercing stare or actual gaze avoidance, inappropriate body language such as unawareness of personal space, absent or inappropriate use of gestures or facial expression which may include smiling which seems unrelated to current experience. Pointing to desired objects, to demonstrate their presence (proto-declarative pointing) or to ask them to be brought or named (proto-imperative) is often absent or acquired very late; when

pointing is learned, it is almost invariable proto-imperative immature. The child may repeat words or phrases just heard but not understood (immediate echolalia).

- ✓ **EXTREMELY RIGID PATTERNS OF BEHAVIOR:** All autistic people have extreme difficulties in coping with the demands of a changing environment or set of expectations, or in generating rapid and appropriate responses to new experiences. Once they have found a comforting or pleasurable experience they will tend to repeat it endlessly, so that their interest seems narrow and their behaviors lacks flexibility or variation. Much autistic behavior seems motivated by the "obsession desire for the maintenance of sameness" mentioned in Kanner's original description. Many normal children briefly show temper when required to move on from one activity to another, the autistic child will often demonstrate major anger and distress, losing all behavioral control for hours, even when the change is minor. Parents of autistic children often report major and prolonged distress if the arrangement of furniture in a room, pictures or daily routines are even slightly altered. It may be impossible to introduce new clothes or foods to the child. Modifying the route on a previously travelled journey may cause extreme distress. Extensions of these behaviors are seen in the obsessive compulsive behaviors so often seen in autistic children.

Motor stereotypes are often observed. Such movements are rather characteristic of autism but can certainly be seen in other children who are bored or under stimulated, emotionally uninhibited or attention seeking. Such behaviors must be distinguished from tics, habits, involuntary (choreo-athetotic or dystonic) movements and seizures, or self-distracting behaviors as seen in the child pain. Self in furious behaviors such as biting, scratching or head banging may reflect distress or provide pleasure.

- ✓ **THE AUTISTIC SPECTRUM:** Autistic Spectrum Disorder is a recently adopted phrase that refer to children who fall some way between typically developing and autistic but outside core autism labels like a typical autism, as pergers syndrome or Semantic- Pragmatic Disorder are often used and they all describe similar communication difficulties to a greater or lesser degree in early infantile autism. Autism may co-exist with mental retardation syndromes such as down and Williams's syndromes and with multisensory impairment. Mental retardation is found in many cases of autism; the exceptions are sometimes described as 'high functioning autistics' and there is some controversy as to the distinction between high functioning autism and Aspergers Disorder. They term Early Infantile Autism is rarely used as it gives the impression wrongly that autism does not occur beyond infancy.
- ✓ **ASPERGERS DISORDER:** DSM-IV allows diagnosis of Asperger Disorder if the criteria for Autism are fully met in regard to qualitative social impairment restricted, rigid and stereotypic behavior patterns, but not those for severe communicative impairment.
- ✓ **HELLER SYNDROME OR CHILDHOOD DISINTEGRATIVE DISORDER:** This rapidly progressive psychotic and disintegrative disorder occurring after

three, four or more years of normal development was described by Heller in 1908. There may be superficial resemblances to autism but seizures are more common and occur earlier. This condition almost certainly reflects a late insult to the brain, infective, immune or metabolic and its inclusion in the autistic spectrum is unhelpful.

- ✓ **RETT DISORDER:** This progressive neurological disorder, described in 1966, superficially resembles autism one stage of its clinical course. Female children present in the second year of life with acquired microcephaly and slow growth, loss of purposeful movement of the hands accompanied by hand-wringing and truncal ataxia, development failure with autistic features followed by seizures and progressive spasticity with scoliosis and dementia. A specific genetic error has been described and the genetic abnormality is responsible for a defect in chromatin structure.
- ✓ **PERVASIVE DEVELOPMENTAL DISORDER NOT OTHERWISE SPECIFIED (PDDNOS):** In everyday clinical practice one encounters children who are significantly disadvantaged by a number of symptoms of autism insufficient to reach the prevailing diagnostic criteria. Despite comprehensive assessment, psychological evaluation and medical investigations no other pathology can be isolated or becomes apparent over time. Such children are more like autistic children than normal ones. In this situation DSM-IV allows the diagnosis of unspecified Pervasive Developmental Disorder (PDDNOS) and includes no clear guidelines as to whom to include in this category and whom to exclude. More rigorous definition of boundaries between the pervasive developmental disorders and other conditions, using data from the DSM-IV field trials, have led to practical guidelines which make it possible for almost any child to be diagnosed and admitted to expensive and inappropriate treatment programs. Basically the cut-off between mild autism and non-autism occurs when four of the possible twelve criteria, including always one criterion symptom involving qualitative impairment of social interaction are present. Use of the modified criteria is strongly recommended.

Some sub type includes Semantic Pragmatic Language Disorder, Aspergers Syndrome, 'aloof', 'passive' and 'active but odd' varieties of autism and Newsoms 'Pathological demand Avoidance'. A further critical sub-division is into primary autism without cognitive impairment, and mental retardation with associated autism.

DIAGNOSTIC CRITERIA: Both ICD-10 and DSM-ICV diagnosis is based on the endorsement by an experienced professional, familiar with normal child development and with the whole range of child psychiatric disorders and behavior, of minimum numbers of different symptoms in various groups reflecting the core deficit.

Full-blown cases of classical autism are easy to recognize, but most cases are less obvious and care is required to exclude conditions which can imitate autism closely. The medical diagnostic process also requires the physician to identify coexisting medical conditions which may be susceptible to independent medical treatment or which may have genetic implications.

- ✓ *Mental retardation*
- ✓ Sensory impairment
- ✓ Special Language Impairment(SLI)
- ✓ Formerly Developmental Language Disorder
- ✓ Emotional and Behavioral Disorder Of Childhood
- ✓ Attention Deficit Hyperactivity Disorder(ADHD)
- ✓ Developmental Coordination Disorder(DCD)
- *Obsessive-Compulsive Disorder
- *Schizophrenia
- ✓ Tourette's Syndrome
- ✓ Landau Kleffner syndrome.

DIAGNOSTIC TOOLS: The assessment of difficulty or complex cases the ultimate diagnosis rests on the application of DSM or ICD criteria. Currently the Autism Diagnostic Observation Schedule (ADOS) and the Autism Diagnostic Interview (ADIR) appear to be the most helpful but require significant training. The Childhood Autism Rating Scales (CARS) can be used to monitor the effects of interventions and the intensity of symptoms.

MEDICAL INVESTIGATIONS: No medical investigations are currently useful in the diagnosis or exclusion of autism and none is routinely recommended.

OBJECTIVES

The objectives of the present study are as follows:

- ✓ To study the academic achievement of children with autism with special reference to the following:
 - Intelligence
 - Social-economic status
 - Gender
- ✓ To study the problems of autistic children as perceived by their parents with special reference to:
 - Academic problems
 - Social problems

DILIMITATIONS

- ✓ The sample will only include the urban population.
- ✓ Children who are home bound will not be taken into consideration.
- ✓ The present study will be limited to only few autistic children who are studying in school.
- ✓ Self made tools except for intelligence will be used for data collection as on standardized tools are available.

V. METHODOLOGY

The following methodology will be followed by the investigator.

SAMPLE

For this research purposive sampling method will be used. In this method sampling are expressly chosen because in the light of available information they resemble some large group with respect to one or more characteristics.

Sample will be of 30 autistic students, including boys and girls of 4 – 7 years of age groups. Their parents will constitute the sample for the study.

TOOLS

- For objective no. 1
- ✓ Academic Achievement Test(self made)
 - ✓ Test For Intelligence (Vineland Social Maturity Scale-VSMS)
 - ✓ SES(self made information Performa)
- For objective no. 2 self made questionnaire.

COLLECTIONS OF DATA

Data collection will be done individually and face to face by the investigator herself.

STATISTICAL TECHNIQUES

Appropriate statistical techniques will be applied for data analysis.

VI. PURPOSE OF THE STUDY

The purpose of the present study is to, study the academic achievement and the problems of autistic children as perceived by their parents. Academic achievement in reference to intelligence, SES, gender and problems in reference to Academic Problems, social problems.

VII. CONCLUSIONS

Conclusion of the present study were as follows-
Academic Achievement Of Children With Autism With Reference To Intelligence, SES, Gender:

ACADEMIC ACHIEVEMENT WITH REFERENCE TO GENDER: Gender does not affect the Academic Achievement of the autistic children.

ACADEMIC ACHIEVEMENT WITH REFERENCE TO SES: Academic Achievement of upper SES autistic children are not good, as compare to middle and lower SES children.

There may be many reasons means this could be because of lack of exposures,

SES WITH REFERENCE TO GENDER: SES is nothing to do with gender.

ACADEMIC ACHIEVEMENT WITH REFERENCE TO IQ: IQ do not affect the Academic Achievement of the autistic children. Children with Below Average IQ are doing excellent in their Academics, or doing average , this is because may be of vast exposure they are getting from school and parents, children with low IQ does not means, can't do well in their academics, exposure, hard work, clarity in concepts through innovative ideas may help him/her in achieving their academic tasks.

GENDER WITH REFERENCE TO IQ: Gender plays no role in determining IQ.

IQ WITH REFERENCE TO SES: Children with Below Average IQ are more in Low SES, this may be because of unavailability of resources, or can say due to unawareness or incomplete knowledge, whereas

The Problems Of Autistic Children As Perceived By Their Parents are like: Problems Regarding Communication, Social Interaction, Regarding Sensory, Problem Regarding Play, Behavior Issues.

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